**Maryland Medicaid Pharmacy Program**
**Drug Use Review (DUR) Board**
**Thursday, September 1, 2011**
**Draft Meeting Minutes**

***DUR Board Members:*** G. Cordts, B. Gilliam, P. Kahn, N. Leikach, K. O'Reilly, N.Sandson, N. Sheth, B. Trentler
***DHMH:*** A. Alexandrou, P. Holly, M. Shook, D. Shah, A. Taylor
***ACS:*** I. Ivey, K. Farrakhan
***HID:*** J. Paradis, J. Walker
***Provider Synergies:*** G. McKnight-Smith

**Introductions**
DUR Board member and guests introduced themselves.

**Approval of Minutes**
Minutes from the June 2, 2011 meeting were approved with no changes.

**Maryland Medicaid Pharmacy Program**
A. Alexandrou opened a discussion regarding the issue of extending the look back period for prior authorization approval of the use of non-preferred and tier two antipsychotic agents. The current prior authorization procedure includes a look back period of 120 days. If claims for non-preferred or tier two antipsychotics are found in the 120 day history, the claim for a non-preferred or tier two drug will be processed without the need for prior authorization. At the May 24, 2011 Pharmaceutical and Therapeutics (P&T) Committee Meeting, the Committee voted unanimously to recommend that the DUR Board consider extending the look back period to two years. This issue was discussed in great detail at the June 2, 2011 DUR Board meeting but since both psychiatrist members of the Board were not present, the Board recommended that the topic be brought up for discussion again at the September meeting.

The MMPP polled other states to determine what procedures were in place with respect to prior authorization of non-preferred antipsychotic agents. It was found that of those state's who responded to the request, 12 states included antipsychotic agents on their Preferred Drug List (PDL). Of those 12 states, 8 states utilized a look back period. It was found that 4 states used a 120 day look back period and 4 used 90 days. No states that responded indicated that they had or ever had in place a 2 year look back period.

Board members noted that Maryland Medicaid has a very straightforward prior authorization process as compared to almost all other states. It was noted that there are no criteria for

approval, prescribers simply need to request a non-preferred or tier two agent by phone or fax, and the approval is granted. However, one Board member noted that many P&T members and other colleagues were making appeals to bring the issue of extending the look back period up for further discussion.

The MMPP noted that a cost benefit analysis would need to be done to estimate the true impact of extending the look back period. However, if the look back period were extended, there would be many more claims for tier two and non-preferred agents that would be approved without PA and this would likely increase costs.

There was more discussions as to what the motivations were for P&T Committee members to want this issue to be discussed further. In response, A. Alexandrou read a letter from one of the P&T Committee members discussing the issue of extending the look back period.

There was discussion as to the amount of administration burden that prescribers are faced with and how anything to limit that burden would be welcomed by providers. It was also noted that all stakeholders have time constraints and that policies should not be adapted based solely on how much time they may save or add to prescriber's schedules. Other factors should be considered such as clinical relevant and cost. It was also noted that pharmacists can dispense a 30 day emergency supply of non-preferred or tier two antipsychotic agent if prior authorization cannot be obtained at the time the patient is getting their prescription filled.

A motion was made to vote to extend the look back period from 120 days to 2 year. No other Board member came forward to second the motion and there was no further discussion. Therefore, the motion was defeated.

A report summarizing the top 100 drug-drug interactions based on a review of prospective DUR edits currently in place was sent to DUR Board members prior to the June meeting and has been under review. Board members have submitted comments related to the report and the severity of the drug interactions described. Board members commented that significant contraindicated interactions do not appear on the list, since they are very uncommon and the list represents only the top 100 interactions.

It was noted that the there are many interactions of concern with antiretroviral medications and HIV patients often utilize multiple prescribers and pharmacies. Board members were asked to continue to review the list and also provide a list of more severe interactions that they felt should be addresses. MMPP noted that the intention is to create a list of contraindicated drug interactions that would be subject to hard edits. Currently all drug interaction alerts "post and pay" at point of service and do not require any action on behalf of the pharmacist. Implementation of hard edits on the most severe drug interactions would encourage the

pharmacist to have a dialogue with the patient or prescriber before overriding the interaction. It was also noted that most pharmacy software programs will provide the pharmacist with further information on the interaction. However, Board members requested that a brief explanation of the interaction be added to the drug interaction report. The MMPP will review future comments to be made by Board members regarding drug interactions and discuss this issue again at the December meeting.

The implementation of activating late refill alerts for antiretroviral agents is in development with MMPP and ACS and should be activated in the near future.

Plans for the pharmacy newsletter were discussed. There has been discussion in the past to utilize the list of e-mail addresses in place to send out advisories as a means to send out the newsletter electronically. Board members suggested that the MMPP website be modified to allow for providers to sign up for electronic notifications of advisories and newsletters. The MMPP will determine if this feature can be added to their website.

MMPP continues to work with the Mental Health Administration to reduce any duplication of sending DUR intervention letters to prescribers.

**ACS State Healthcare Systems**

There have been no significant changes in Preferred Drug List (PDL) prior authorization requests from the previous quarter.

For this quarter, there were no significant changes in the top 20 therapeutic duplications alerts. The top four alerts were for anticonvulsants, antipsychotics, anti-anxiety agents and antidepressants. No significant changes were noted for early refill alerts. Top early refill alerts are for antidepressants and anti-anxiety agents.

On the drug-drug interaction report, SSRIs and antidepressants accounted for the largest percentages of alerts. There were no significant changes in the intervention outcomes report this quarter. The Call Center report showed no significant changes in the number of calls from month to month compared to last quarter.

**Health Information Designs, Inc.**

HID reviewed the requirements for the revised Centers for Medicare and Medicaid Services (CMS) report which will be submitted on line this year for the first time. The report is due September 30, 2011.

HID presented a review of alert letters sent to prescribers of patients taking both an SSRI and a tricyclic antidepressant (TCA) since some SSRIs could cause an increase in TCA blood levels

and increase the risk of potential adverse events. Patients were selected for intervention if they had claims for any dose of fluoxetine, paroxetine or 100mg or more of sertraline and doses of a TCA of 25mg or more. A total of 425 patients were selected for intervention. The response rate to prescriber letters was 21% and the pharmacy response rate was 20%.

There was discussion about response rates and ways to try and improve them. The MMPP and HID continue to work together to develop ways of improving response rates.

HID recommended that future retrospective interventions focus on drug-drug interactions but that duplicate therapy of benzodiazepines would be another area to evaluate. Recent concerns in the medical literature with high doses of simvastatin and citalopram could also be evaluated. Board members recommended that these areas be evaluated and discussed again at the December meeting.

**Other Business**

A CME/CE program will be hosted by MMPP on November 5, 2011 at St. Agnes Hospital. The topic will be HIV and infectious diseases. This session will be coordinated by J. Walker, N. Sheth and B. Gilliam

A. Alexandrou discussed a new program that would be initiated in October 2011. A peer reviewed program will be initiated to reduce the use of antipsychotics in children under the age of 5. None of the antipsychotics agents are approved for use in children under age 5. Use of antipsychotic agent in children under 5 would need to be reviewed and approved by a clinical pharmacists and psychiatrist working in conjunction with the MMPP and University of Maryland School of Pharmacy and School of Medicine. A transmittal is being sent to prescribers next week and a webinar to review the program is planned for September 15, 2011.

Despite the fact that Dr. Kaplan could not attend the meeting, he was acknowledged for his participation on the Board over the past 5 years and certificates for his participation will be sent to him.

There being no additional business, the meeting was adjourned at 10:30am.